Research Topic

UNDERSTANDING GENDER RESPONSIVE BUDGET PRACTICE IN JHARKHAND IN MEETING GENDER EQUITY IN HEALTH: AN ANALYTICAL STUDY FROM 2015-2024

Synopsis for Ph.D. Registration

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State of the Art

'If you want to see which way a country is headed, look at the country's budget and how it allocates resources for women and children.'

Pregs Govender, MP, South Africa

A Budget is the most important and comprehensive statement of a government's social and economic plans and priorities. It can track where the money comes from and where it goes, so we can see who gets benefited from public resources and how. Gender budget initiatives analyse, how government raise and spend public money, with the aim of securing gender equality in decision- making about public resource allocation; and gender equality in the distribution of the impact of govt. budgets, both in their benefits and in their burdens.

GENDER-RESPONSIVE BUDGETING – THE RATIONALE

- **Equality vs. Efficiency:** Infusing gender approach in budgetary policy brings - equality dimension and efficiency dimension. Gender equality in the economy brings efficiency gains and makes the developmental process more efficient and result-oriented.
- **Systemic differences across gender:** Men and women often have different priorities for budgetary policies and are, therefore affected by differentials in terms of constraints, options, incentives, and needs. Gender- responsive budgeting acts as great help in addressing women's concern.
- **The Problem of Gender Neutrality in Budgets:** Often gender aspect is ignored in the impacts of budgetary policies. Gender budgeting helps to identify women as beneficiaries.
- **Ensuring Transparency and Accountability:** Gender budgeting ensures transparency in the budgetary allocation for women and accordingly enhances accountability in the utilization of such allocations. Therefore, implementing commitments towards gender equality requires intentional measures to incorporate a gender perspective in planning and budgeting frameworks and concrete investment in order to address gender gaps.

To visualize gender equality in Public health domain we must understand the concept of gender and health. Sex and gender interact in complex ways to affect health outcomes. Sex can affect disease risk, progression and outcomes through genetic, cellular, and physiological including hormonal pathways. These pathways can produce differences in susceptibility to disease, progression of disease, treatment and health outcomes, and are likely to vary over the life course.

Gender norms, roles, socialisation, differentials in power relations and in access to and control over resources contribute to differences in vulnerabilities and susceptibilities to illness, how illness is experienced, health behaviours, access to and uptake of health services, treatment responses and health outcomes. Gender can influence a person's experiences in their exposure to diseases and their access to healthcare, water, hygiene and sanitation.

Gender inequality disproportionately affects women and girls including malnutrition, sexually transmitted diseases like HIV, cervical cancer and depression amongst others. Thereby, gender mainstreaming plays a critical role in analysing and strategizing ways to achieve the goal of gender equality.

Gender mainstreaming is a public policy concept of assessing the different implications for men and women of any planned policy action including legislation and programmes, in all areas and levels.

Health is an important indicator of development. The gender division perpetuates widely to produce disparities in accessibility, availability and affordable healthcare. Gender inequality is inefficient and costly to developments. In this respect, National Health Policy 2017 introduced key policy focused on health equality and gender mainstreaming. The shift from the Women & Development (WAD) to Gender & Development (GAD) approach in policy framing offered greater insights into all aspects of women's lives and aims to promote a development process that transforms gender relations to enable women to participate in an equal basis with men in determining their common future.

The Beginning of Gender-responsive Budgeting in India was an incremental process. Gender sensitivity in the allocation of resources acquired a definite shape in the Seventh Five Year Plan (1985-90) when the plan introduced the concept of monitoring various beneficiary-oriented schemes for women. It was in 2004-05 when Gender Budgeting Cells (GBCs) were set up in all ministries of the government and highlighted the need for budget data to be presented in a manner that brought out the gender sensitivity of budgetary allocations. Today, 27 states and UTs have followed gender budgeting in their respective annual budgeting exercise. Jharkhand took over Gender-responsive Budgeting in 2015-16.

Financial resource is one of the most powerful factors to ensure gender equality. Evidences show that gender inequality pluck out huge economic and human development costs, therefore it becomes essential to shift fiscal policy to close the gaps, to yield across societies. Since the exercise has been in operation for quite long, it is imperative to assess the notable feat state govt. has made

hitherto, in ensuring gender equity and addressing the different needs of men and women in public health.

Literature Review

1. *Planning Commission, GOI, 12th 5YP, Government of India (2012-17); Social Sectors vol. III* points out gaps in ante- natal care, skilled birth attendance, and emergency obstetrical care in Jharkhand and underlines that primary responsibility of healthcare rests with the state.

2. *NFHS-5 (2019-21) JHARKHAND, Ministry of Health & Family Welfare (MoHFW)* provides detailed information into status of women's health across multiple dimensions. While significant improvement is recorded but areas like targeted health programmes, improved health infrastructure and nutritional support remain vital to boost.

3. *M.K. Singh (2006)* in his book *Jharkhand Development & Politics: Avenues &Challenges*, Gagandeep publications, *Chap.10* highlights due to chronic absenteeism of health workers from rural PHCs, the state grips with high IMR, malnutrition and high incidences of maternal deaths.

4. *G. Satyanarayana, Madhusudana H.S. (2012)* in their book *Rural Development & Poverty Alleviation in India: Policies & Programmes in Chap. 17* mentions gender equality as significant and instrumental in development and unfortunately the basic parameters of health (IMR, MMR, Nutrition) reflect the continuing dismal status of women.

5. *Indrani Gupta, Samik Chowdhary (2013) India Infrastructure Report 2013/14* in their article *Scaling Up Health Expenditure for UHC: Prospects & Challenges* found that public health expenditure in India has been historically static and inadequate.

6. *Aradhana Srivastva, Sanghita Bhattacharya, Bilal Avan (2013) India Infrastructure Report 2013/14* in their article *Positioning Quality in Health Services: A Case Study of Maternal & Child Health Programmes in India* explored that despite schemes like Janani Suraksha Yojana on roll, research evidence shows that home deliveries still persist. Statistics shows 50% of them from Jharkhand.

7. *Shashi Goel, 2013 in her book Gender-Responsive Budgeting- A tool for Gender Equality (The Indian Context)* attempts to highlight the significance of GRB exercise to reduce gender inequalities and make government accountable and transparent towards gender commitments through financial statements.

8. *Debbie Budlender, Guy Hewitt, (2003) Commonwealth Secretariat* in their book *Engendering Budgets: A Practitioners' Guide to Understanding and Implementing Gender Responsive Budgets* explores different tenets of Gender Budgeting - framework, design implementation and applying analytical context providing valuable insights to legislators ,policy experts and commoners in general.

9. *Debbie Budlender, Rhonda Sharp, Kerri Allen (1998) Commonwealth Secretariat* in their book *How to do a gender- sensitive budget analysis: Contemporary Research Analysis* provides deep insights into what all goes into gender budgets tools for gender-sensitive analysis of budgets.

Reviewing the literature mentioned above, we concluded serious public health concerns pertaining to women in the state which led to our problem formulation. This would be undertaken using States' Budget as the tool.

Areas of Investigation

1. Analysing Financial Statement of State, thoroughly reviewing health expenditure and policy statements from 2015-24.

2. Understanding tools and techniques employed in Gender- Responsive Budget exercise in the State.

3. Role of various institution and govt. agencies in carrying Gender budgeting pertinent to promote gender equity in health.

4. What has been the per cent share of health expenditure from total GDP, out of which percolates down to women?

5. What measures has state govt. been following for robust public health and delivering gender equity?

6. What are the achievements so far and the areas of improvement?

Aims, Objectives and Motivation

The aims and objectives of a research plan state clear goals of what it desires to achieve. A well-defined set of objectives is important to guide the researcher throughout the exercise.

This study aims to revisit the State's Financial Statement i.e. Annual Budget to look from the Gender Budgeting angle, government's various policy statements

and health expenditure from 2015-24. It tries to understand the implication of Gender-Responsive Budget exercise towards women healthcare and will try to identify areas needed to incorporate, seeking attention to empower and ensure gender justice.

Motivation behind the investigation was drawn in the light of Covid-19, when data revealed health outcomes for both men and women were sharply differentiated. Women in their care- giving role were more susceptible to health burden, domestic violence and abuse made it worse as has been reported by National Commission for Women. Budget remains most powerful tool of the state to make significant changes in the society. In quest to hold state accountable and bring gender equity in health through means of Gender-Responsive Budget, the research tries to investigate the strides been made so far and the long way still needed to march.

Research Hypothesis

1. Despite Policy interventions health outcomes for women remain abysmally poor.
2. Inefficiency lingers in rolling out of the policy programmes and budget outlays of govt. with respect to Public health in the state.
3. In absence of Gender Budgeting Cells in Departments, Gender Budgeting exercise remains ineffective.

Research Design & Methodology

The study will be descriptive and analytical in nature. It will use mixed method (qualitative & quantitative) for interpreting and reporting for the same. Besides articles and textbooks, published reports, State's Budget, Gender Budget Statements remain foundational sources. It will be further accompanied with content analysis, document review and observational study.

Collection of Data

Many institutional reports would be referred for the investigation. The financial statement of the state, NFHS-5, reports from National Health System resource centre, National Rural Health Mission, Ministry of Health & Family Welfare (state

wise progress reports) are to be taken into consideration extensively. Books, journals, articles, economic surveys will aid explicitly to the process. Observational study in the institutional visit shall be employed to gain insights in the process Gender-Responsive Budgeting in the State.

Significance of the study

1. To reduce the gender gap in public healthcare.
2. Bring efficacy in policy design and implementation empowering women.
3. Better allocation and distribution of resources for women in healthcare.
4. Shall aid in achieving Universal Health Care (UHC) as a goal
5. Make pathway to bring inclusive growth

Relevance to the present day problem & need of the society

Health infrastructure and healthcare serve as quintessential in the development of any nation. Gender mainstreaming incorporates a holistic approach to achieve the set objectives of the given policies in an inclusive manner.

With the established gender roles in the society, adhering to the different needs of men and women in health policies is essential for desired and effective policy outcomes. The NATIONAL HEALTH POLICY, 2017 recognises and underlines the importance of health equality and equity as thrust areas in health programmes of government. With India rising to the glory of a powerful nation, we ought to build a healthy and inclusive workforce to boost the economy for robust growth. Poor health access and support remain the prime reason behind the decline in women's labour in various sectors.

A report on 'Closing the Women's Health Gap' outlines, "The disparities in women's health affect not only women's quality of life but also their economic participation and ability to earn a living for themselves and their families." Health is intricately linked to economic productivity, prospects of prosperity and contribution to economic output.

Climate change at our doorstep, again adds to the health burden. According to the WHO, women and children bear the greater incidences of risk because of lack or no support to healthcare systems. The health burden is not only carried by the women, it impacts but is also felt throughout the broader society.

Thus, the Gender-responsive Budget seeks not just empowerment and justice for women but paints a larger picture for inclusive and shared growth and reduced

gender inequalities in society. It also is closely knitted with the Sustainable Development goals (SDGs), primarily 3 (Good Health & Well Being), 5 (Gender Equality) and 10 (Reduced Inequalities).

Contribution to the existing knowledge

There have been constant efforts being made globally to bridge the existing gender gap in multiple aspects- social, economic, political. Acknowledging the fact, that gender inequality is inefficient and costly to developments, financial flow towards the well-being of women needs to be prioritised. The study would be of significant interest to the legislators, policy- practitioners, administrators, NGOs as well as policy researchers. The study would notably contribute in Good Governance practices, Gender Studies and Policy research.

Future Work

The study has potential to undergo incremental change in future having different timeline and space. Further, the study is limited to public health concerns in the budget for gender equity; other dimensions can be the field of investigation to produce new researches.

Tentative Chapterisation

Chapter 1: Gender- Responsive Budgeting : A step in addressing gender inequalities

Chapter 2:Gender Budgeting in Jharkhand

i. Institutional Framework

ii. Key Areas in Health: Policy Review

iii. Institutional Approach for the Implementation

Chapter 3: Analytical Study of Health Expenditure in the State from Gender Responsive Budgeting Perspective: 2015-24

i. Understanding policy thrust from the beginning to the current period

ii. Comparing Total Health Expenditure along with Gender Budget

iii. Major Shortcomings

Chapter 4: Gender Health Assessment

Chapter 5: Challenges & Gaps in Gender Budgeting: An Observational Study

Findings & Suggestions

Conclusion

Related References

Books, Articles & Govt. Publications:-

1. Akanksha Khullar. (2023) Gender- Responsive Budgeting in India: A Stocktaking/ orfonline.org
2. Debbie Budlender & Guy Hewitt. (2003) Engendering Budgets: A Practitioners' Guide to Understanding and Implementing Gender-Responsive Budgets.
3. Debbie Budlender, Rhonda Sharp & Kerri Allen (1998), Common Wealth Secretariat, How to do a gender-sensitive budget analysis : Contemporary research and practice.
4. Gender Budgeting Handbook. (2015) Government of India; Ministry of Women and Child Development
5. Gender Budgeting in India: A Tool for Women's Empowerment/Lok Sabha Archives
6. National Health Policy, 2017
7. Shashi Goel.(2020), Gender- Responsive Budgeting- A tool for Gender Equality (The Indian Context)
8. Structural Reforms and Health Equity: A comparison of NSS Surveys, 1986-87 and 1995-96/ Vol. 37 Issue. 14 2002 /Economic and political weekly
9. The Gender Health Gap: It's more than a woman's issue/ World Economic Forum
10. World Health Organisation(2011).Gender mainstreaming for health managers: a practical approach